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normahenderson@adelphia.net**FACSIMILE TRANSMITTAL SHEET**FROM: **Norma E. Henderson**DATE: **October 11, 2006**NUMBER OF PAGES TRANSMITTED  
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TO: **Mail Stop AMENDMENT (Examiner Jeffrey S. Lundgren, Art Unit 1639)**FIRM: **U.S. Patent and Trademark Office**RE: **Amendment and Response to Office Action - Pat. App. Ser. No. 10/622,126**

PHONE

NUMBER: **571-272-5541**

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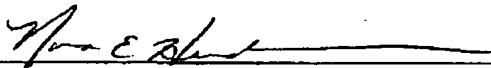
NUMBER: **571-273-8300****NOTES/COMMENTS:**

Amendment and Response to 4/11/2006 office Action for Patent Application Ser. No. 10/622,126 (Docket No. 056754/0125184).

The following items are being sent herewith:

- Transmittal form (1 page)
- Extension of Time Request (1 page)
- Credit Card Form (1 page)
- Amendment and Response to Office Action (21 pages)
- Information Disclosure Statement/PTO-1449 (3 pages)
- Cited references (5) (48 pages)

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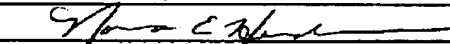
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/822,126	
	Filing Date	July 17, 2003	
	First Named Inventor	Jacobson, Joseph M.	
	Art Unit	1839	
	Examiner Name	Lundgren, Jeffrey S.	
Total Number of Pages in This Submission	75	Attorney Docket Number	056754/0125184

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-1449; copies of NPL (5 refs)
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